

<b>STATE OF MICHIGAN</b> JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	<b>STATEMENT OF SERVICE AND ORDER FOR PAYMENT OF COURT APPOINTED REPRESENTATIVE</b>	<b>CASE NO.</b>
ORI MI-	Court address	Court telephone no.

<input type="checkbox"/> The State of Michigan  THE PEOPLE OF <input type="checkbox"/> _____  _____	v	Defendant's/Respondent's name, address, and telephone no.  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">CTN</td> <td style="width: 33%;">SID</td> <td style="width: 33%;">DOB</td> </tr> </table>	CTN	SID	DOB
CTN	SID	DOB			
<input type="checkbox"/> Juvenile <input type="checkbox"/> Probate In the matter of _____					

**STATEMENT OF SERVICE**

1. I, \_\_\_\_\_, was appointed by the court to serve as the  
     Name (type or print)
- \_\_\_\_\_ for \_\_\_\_\_, and services have been rendered.  
     Specify attorney, lawyer-guardian ad litem, etc.      Name (type or print)
2. Compensation from any other source is not being sought.
3. Dates and the nature of services rendered and expenses are as follows:

DATE	SERVICE/EXPENSE	TIME

DATE	SERVICE/EXPENSE	TIME

I declare that the above statements are true to the best of my information, knowledge, and belief.

Date _____	Attorney/Guardian ad litem/Lawyer-Guardian ad litem signature _____ Bar no. _____
Social security no. _____	Address _____
Federal identification no. _____	City, state, zip _____ Telephone no. _____

**NOTE: If requesting payment for services rendered as a lawyer-guardian ad litem, you must attach Form JC 82, Affidavit of Service Performed by Lawyer-Guardian Ad Litem.**

**ORDER FOR PAYMENT**

I certify that \_\_\_\_\_ was appointed to represent the named defendant/respondent/  
 child(ren) and that the service was rendered.

**IT IS ORDERED** \_\_\_\_\_ disbursing officer shall pay \$ \_\_\_\_\_ to  
     District control unit/County

\_\_\_\_\_ to compensate him/her for all time and expense in connection with this case.  
 Name (type or print)

Date _____	Judge _____ Bar no. _____
Check no. _____ in the amount of \$ _____ issued on _____	Date _____